

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90064 033 ***150.00

DOCUMENT # P06000007217					
1. Entity Name IBOLYA SALON, INC.					
Principal Place of Business 9288 SCARLETTE OAK AVE FORT MYERS, FL 33912			Mailing Address 9288 SCARLETTE OAK AVE FORT MYERS, FL 33912		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip 33967	Country	Zip 33967	Country	4. FEI Number 20-4225212	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HODAI, PALNE 9288 SCARLETTE OAK AVE FORT MYERS, FL 33912			7. Name and Address of New Registered Agent Name: Ibolya A Hodai Street Address (P.O. Box Number is Not Acceptable): 9288 Scarlette Oak Ave City: Fort Myers FL Zip Code: 33967		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <i>X Ibolya Anna Hodai</i> DATE: 3-14-07					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST HODAI, PALNE <input checked="" type="checkbox"/> Delete 9288 SCARLETTE OAK AVE FORT MYERS, FL 33912		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, S, T Ibolya A. Hodai <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 9288 Scarlette Oak Ave. Fort Myers FL 33967	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HODAI, PAL <input type="checkbox"/> Delete 9288 SCARLETTE OAK AVE FORT MYERS, FL 33912		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Pal Hodai <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9288 scarlette oak Ave. Fort Myers FL 33967	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>X Ibolya Anna Hodai</i>			3-14-07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

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